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FEE TRANSMITTAL For FY 2009						10/595,065-Conf. #2061		
						January 26, 2006		
							ushar A. Kshirsagar	
						Rita J. Desai		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	_	1625 C1271,70018US01			
TOTAL AMOUNT OF PAYM		(\$) 1,170.0	0	Attorney Docket	No.	C1271.70018U	1501	
METHOD OF PAYME	NT (check al	I that apply)						
x Check Credit	Card	Money Order	Nor	oc Other	please identif	y):		
Deposit Account Dep	posit Account Nu	mber:23/2	2825	Deposit	Account Name	Wolf, Green	field & Sac	ks, P.C.
For the above-ider	ntified depos	it account, the Di	rector is	hereby authorize	ed to: (chec	k all that apply)		
	s) indicated t					licated below, ex	cept for th	e fillng f
		e(s) or underpayr	nents of	. = '	any overpa			
fee(s) under				X Credit	any overpa	syments		
FEE CALCULATION					Y			
1. BASIC FILING, SEARC		AMINATION FEE NG FEES		ARCH FEES	EYAMIN	IATION FEES		
		Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees P.	ald (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES							Fee (\$)	Fee (\$)
Fee Description Each claim over 20 (inclu-	dina Daissus	·~)					52	26
Each independent claim o							220	110
Multiple dependent claims		ing iversaces)					390	195
	xtra Claims	Fee (\$)	F	e Pald (\$)	м	ultiple Depende		175
- or HP =	Atta Ciamio	x =					ee Paid (\$)	
HP = highest number of total cl	laims paid for, if	greater than 20.						
Indep, Claims E	xtra Claims	Fee (\$)	Fe	e Pald (\$)				-
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HP = highest number of Indepe	ndent claims pa	aid for, if greater than	3.					
3. APPLICATION SIZE FE			_					
If the specification and d listings under 37 CFR								
sheets or fraction ther	eof. See 35	U.S.C. 41(a)(1)(	G) and	37 CFR 1.16(s).	or small cr	itity) for each ac	iditional 30	
	Extra Sheets			dditional 50 or frac	tion thereo	Fee (\$)	Fee P	ald (\$)
- 100 =		/50 =		(round up to a who	le number)	× :		
4. OTHER FEE(S)							Fees F	aid (\$)
Non-English Specificat	ion, \$130 f							
Other (e.g., late filing s	urcharge);	Extension 1252 month pre		ponse within s	econd mo	nth minus one		0.00
				inued examinal	ion (RCE	(see 37		0.00
SUBMITTED BY		-	-			1,000 01 111		
Signature	5/1	201		Registration No.	46.533	Telephone	617.646.	9000
	er Baker, M	D. Ph.D.		(Altomey/Agent)	40,000	Date	July 19, 2	
tanic (rimorype) C. Fluitte	n Daker, IVI	.D., F11.D.				Date	July 15, 1	2010
i hereby certify that this pape the date shown below with si Box 1450, Alexandria, VA 23	ufficient postag	inv paper referred to	o as bein	g under 37 CFR § 1 g attached or enclo envelope addressed	sed) is being	deposited with the	U.S. Postal	Service or
Dated: July 19, 2010				Signature	: Isl		Jeal	wg
				Oigilaturi	Eileen M.	Flaherty	<u> </u>	-1